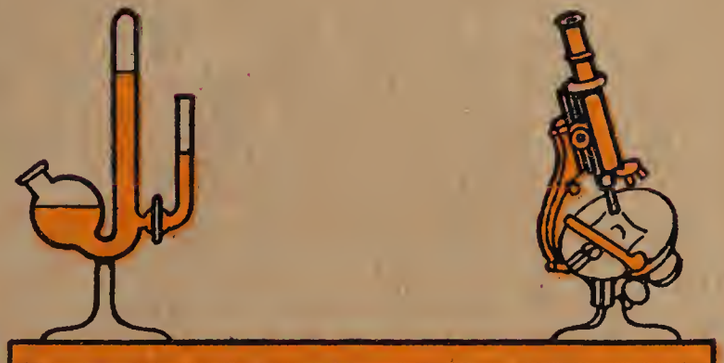
NEPHRETIN



'ASSIVE HYPEREMIA.

TWENTY-FOUR hour amount, 400-1200 cc. Color usually high and often cloudy from the undissolved urates. Strongly acid, specific gravity 1025 to 1035. Urea diminished, albumen from a slight trace to 1/10 of 1%.

Sediment under the microscope shows amorphous urates in abundance, few hyaline and fine granular casts, uric acid and calcium oxalate crystals. Renal epithelium and red blood corpuscles are rarely found.

Distinguished from Chronic Interstitial Nephritis by the small amount of urine and higher specific gravity, and from Sub-acute Glomerular Nephritis by the absence of fatty elements.

Whilst some of these cases of Passive Hyperemia are due to the diseases of the heart or liver, a great majority are caused by the pregnant uterus, and it is in these cases that NEPHRITIN has met with such marked success, over 90% showing great improvement under this treatment. For dosage, see back of book.

ACUTE DIFFUSE NEPHRITIS.

QUANTITY greatly diminished. Color very smoky, depending upon the amount of blood present. Usually acid. Specific gravity high for the first week to ten days, then from 1015 to 1020. Urea greatly diminished. Albumen 1/4 to 1/2 of 1%.

Sediment, abundant brownish. Microscope shows brown granular, epithelial, blood and fibrous casts with few hyaline and finely granular ones. Many brown granular epithelial cells. Leucocytes free and in clumps, blood globules and triple phosphate crystals. At the second stage, fatty elements appear. Acute Pyelitis may then begin.

In these cases, NEPHRITIN is of utmost benefit, relieving the strain upon the inflamed kidney cells. Over 70% of these cases show marked improvement, in many of them as early as the fifth day. Under this treatment, is seen a marked increase of urea output, and a disappearance of the pathological elements as seen under the microscope and decrease of albumen. For dosage, see back of book.

THIRD OR CONVALESCENT STAGE OF ACUTE DIFFUSE NEPHRITIS ASSOCIATED WITH PYELITIS.

QUANTITY increased to 1500 to 3000 cc. Color paler. Faintly acid, specific gravity 1008 to 1010. Urea normal or increased. Albumen from a trace to 1/8 of 1%.

Sediment may still be brown if abnormal blood is present. Few granular and brown granular casts to which renal epithelium and fat and abnormal blood may adhere. Fatty casts may be found. Pus corpuscles are present when associated with Pyelitis.

NEPHRITIN must be continued in these cases until there is a general clearing up of the sediment. The advantage of NEPHRITIN in all these cases of Acute Diffuse Nephritis is that it lightens the load put upon the kidney and shortens the different stages of the disease and prevents acute cases developing into a chronic condition.

The fact that Scarlet Fever is often followed by Acute Nephritis has led many physicians to give NEPHRITIN during Scarlet Fever to prevent complications of the kidney.

CHRONIC DIFFUSE NEPHRITIS.

THE quantity varies from 1500 to 3000 cc., the night urine often exceeding that of the day. Color pale and sometimes greenish. Specific gravity 1010 to 1015, or lower with increased urine. Urea much diminished.

Albumen varies from a large trace to 1/2 of 1%.

Sediment contains numerous hyaline and granular casts with fat adherents. Few fatty casts, numerous round renal cells, mostly fatty. No blood unless case is complicated. Waxy casts sometimes occur later in the disease. In a case where the parenchymatous element predominates, the urine amount will be nearer normal, the specific gravity and albumen high, and fatty elements present to a large degree. On the other hand, when the interstitial elements predominate the opposite occurs.

NEPHRITIN is of value in the parenchymatous type. In the interstitial type, especially when accompanied with arterio-sclerosis, it is not of so great value, except relieving blood pressure and headaches.

CHRONIC INTERSTITIAL NEPHRITIS.

THE quantity in the early stage is not far from normal, and increases to a large amount in the advanced stage and in the late stage falls back to slightly below normal. Color is always pale and becomes more so as each stage advances. Reaction slightly acid. Specific gravity at first 1012 to 1018, dropping as low as 1005 to 1010. Urea slightly diminished at first, becomes greatly diminished at the later stage.

Albumen from the slightest possible trace at first and may reach 1/8 or 1/4 of 1% as the disease advances.

The sediment at first is very slight, containing few hyaline and finely granular casts. Occasional renal cells and sometimes uric acid and calcium oxalate crystals. As the case advances more casts may be found and the renal cells become granular. In the very late cases, waxy casts and abnormal blood may be found.

NEPHRITIN, in the early stages, prevents rapid advancement and relieves blood-pressure and headaches.

AMYLOID DEGENERATION.

QUANTITY is usually above normal and may go as high as 4000 cc. The day amount exceeds that passed during the night. Color very pale, sometimes with a greenish tint. Specific gravity between 1012 and 1018. Urea, slightly diminished to greatly diminished, depending upon the metabolism of the patient.

Albumen, a trace. Rarely exceeds 1/8 of 1%.

Sediment is generally slight in amount and contains a few hyaline, granular and few waxy casts; rarely a renal cell and no fat or blood unless complicated. Waxy casts appear rather early in this disease, which is different from the other chronic diseases of the kidney.

As Amyloid Degeneration is usually accompanied by amyloid infiltration of the liver and spleen, NEPHRITIN is practically of no value, but may aid the metabolism where the urea is greatly diminished. In complicated cases, where parenchymatous changes are noticed by the presence of fat and blood, it may be of some service.

TUBERCULOSIS OF THE KIDNEY.

THE amount is usually increased. Color pale, usually more or less turbid or milky, due to pus and blood in suspension. The reaction faintly acid, later becomes alkaline. Specific gravity 1010 to 1015. Urea greatly diminished, especially if the Tuberculosis is secondary.

The albumen is dependent upon the amount of destruction of the kidney, as well as upon the pus and blood present. If only localized focci exist, it may be only a slight trace.

Sediment abundant and chiefly pus, free and in clumps. Renal and other epithelium are present. As the case advances, ropy mucous and crystals of triple phosphates may be found. The presence of Tubercle Bacilli is diagnostic, but their absence from the sediment under examination may not be conclusive. An inoculation of a guinea pig with the sediment may be necessary.

NEPHRITIN is of no practical value in these cases, the treatment usually being that of general tuberculosis.

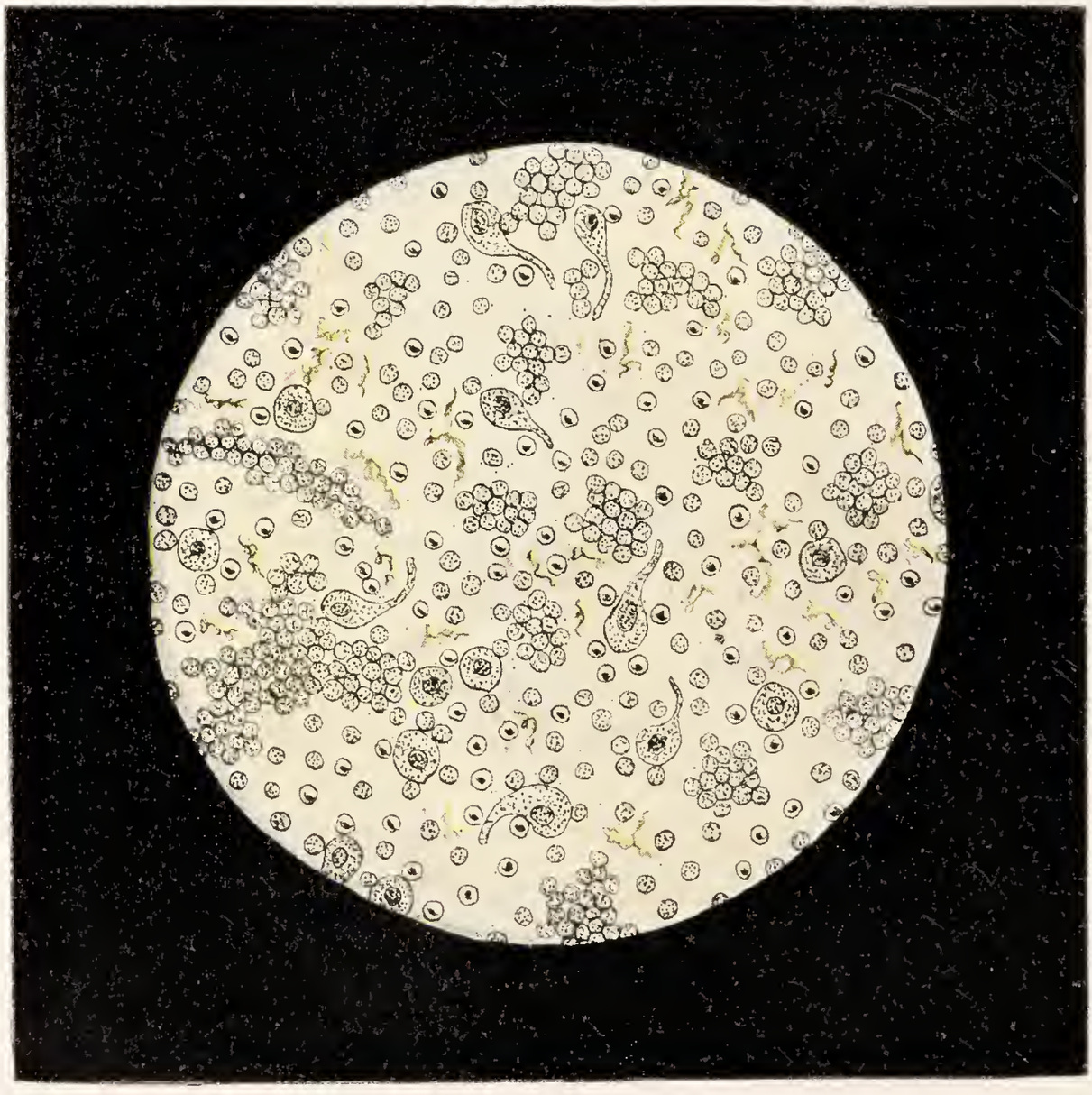
PYONEPHROSIS.

IF THE Pyonephrosis is unilateral and the ureter on the affected side is occluded, the urine will appear like a Hyperemia. If, however, the obstruction is removed, the urine becomes turbid and of a greenish tint. The odor is usually very offensive and the reaction alkaline.

Albumen is present from 1/8 to 1/4 of 1% and a large amount of globulin will also be found.

Sediment. Microscopical examination shows the sediment to consist largely of degenerated and disintegrated pus corpuscles with numerous round cells. Occasional blood corpuscles.

Where the ureter is occluded, physical examination and clinical symptoms are necessary to complete the diagnosis. The only value of NEPHRITIN in these cases is to aid in the elimination of the urine from the other kidney. Surgical interference is often necessary to save the patient's life. NEPHRITIN should be used after the operation to assist the hyperemic kidney.



CYSTITIS.

THE urine is diminished, ranging from 500 to 1200 cc. Micturition, however, is frequent. In the acute cases, the color is bloody or smoky; later it becomes paler, and, when first passed, is turbid, due to the pus and epithelium in suspension. Reaction at first strongly acid, but in the chronic cases may become alkaline with an offensive odor. Specific gravity at first high, 1025. When chronic, it is between 1012 and 1018. Urea diminished.

The albumen is dependent upon the amount of pus and blood present, varying from a slight trace to 1/8 and in the chronic cases to 1/4 ot 1%.

Sediment is abundant and in acute cases chiefly of normal blood, pus and squamous epithelium. In the chronic cases, the blood will be diminished, small round cells may appear. In alkaline urines, the sediment is viscid and sticky. Triple phosphate crystals, ammonium urate spherules and thorn-apple-shaped crystals are often seen.

NEPHRITIN is of no value in these cases.

URIC ACID CRYSTALS.

URIC acid crystals are frequently found in the urine of persons who are in perfect health, especially when the urine is concentrated or unusually acid. They may be the result of a hearty meat diet or faulty digestion, or where the oxidizing power of the system is seriously impaired. They are also found in the urine of gouty individuals and in cases of the so-called Uric Acid Diathesis. When found in abundance, they are spoken of as gravel or uric acid sand, and in some cases may cause renal calculi.

When found in great abundance, careful examination should be made to see whether the kidney has been at all irritated by them, or whether they may be secondary to some form of Nephritis.

NEPHRITIN has but little effect upon the uric acid crystals, but when there is a Nephritis present, NEPHRITIN should be used, its dosage being governed by the character of the disease found.

NEPHRITIN.

THE idea of treating diseases of the kidney by organotherapy is not new, but in the great number of experiments the trouble has been in removing from the kidney the exact product, which was necessary, and *not to use* those other portions of the kidney which would act as an irritant.

It was not until 1903, when, after careful research, Renaut employed the maceration of the kidney in which he was able to extract the "grains of segregation" that the first marked results appeared. It was in May 1906, when, after further scientific research, we were able to give these "grains of segregation", with the other important ferments of the kidney, unchanged, and in a tablet form (NEPHRITIN), that a fresh and lasting impetus was given to opotherapy in the treatment of renal disturbances.

These "grains of segregation", or the vital substance (ferments) of the cells of the kidney, have been found to be uninjured by stomach digestion.

Our work has been to take from the cells of the cortex of the kidney, these "grains of segregation" with the other ferments in their original form, and uninjured by the action of heat, moisture or chemicals, giving it a definite standard, so that it might be readily used by physicians who desire to treat their cases of Bright's and other kindred forms of Nephritis.

It is most gratifying to note that NEPHRITIN for the past two years has been used at the beginning, where formerly it was given when all other remedies had been tried and the patient's life despaired of. It was, however, the demonstration of "making good" in these cases where everything else had failed, that has established NEPHRITIN on its firm footing, until now physicians appreciate the fact that the sooner the patient with kidney disease is put upon NEPHRITIN the better the results.

DOSAGE.

AS NEPHRITIN is an organic product, its dosage is dependent upon the acuteness or severity of the disease, the idiosyncrasy of the patient, and the presence or absence of organic heart trouble and Arterio-Sclerosis.

Children between 5-15 years are usually given 1/2 the dosage. Younger children in proportion.

In acute and severe Nephritis, begin by giving 1-2 tablets every hour during the day for 5 days, and after this give 3 or 4 tablets three times a day, between meals. During convalescence, reduce the dose.

Under acute diseases, we would classify,

Active Hyperemia,
Albuminuria of Pregnancy,
Acute Diffuse Nephritis,
Sub-acute Glomerular Nephritis,
Chronic Diffuse Nephritis with parenchymatous exascerbations.

In chronic cases, the dose is usually 3 to 4 tablets given three times a day.

Under chronic diseases, we would classify,

Chronic Interstitial Nephritis,
Sub-acute Glomerular Nephritis in its inactive and atrophic stages,
Chronic Diffuse Nephritis,
Acute Diffuse Nephritis in the convalescent stage.

As a prophylactic in Scarlet Fever or other infectious diseases, one tablet three times a day.

Frequent examinations of the urine will give you a clue as to whether the dose should be increased or decreased.

The points noticed are, the approach to normal of the 24 hour quantity and of the specific gravity; if these have not occurred by the end of the second week, the dose has been too small. The urea output increases rapidly, rising at first above normal in the first week, then recedes to normal and remains so.

The blood and casts begin to diminish as early as the fifth day; if in Arterio-Sclerosis, the blood corpuscles increase, reduce the dose. Except in acute cases the albumen is the last to show any marked degree of subsidence, and in many chronic cases the urine will be practically normal with no trace of renal sediment, yet a trace of albumen will still remain.

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